

## Provider Communication

<b>Subject:</b> Preferred Drug List Changes for Georgia Medicaid and PeachCare for Kids	<b>Priority:</b> <b>High</b>
<b>Date:</b> March 3, 2005	<b>Message ID:</b> ACSBNR03032005_3

### ***Dear Provider:***

Preferred Drug List changes for the State of Georgia MEDICAID and PeachCare for Kids programs

### **EFFECTIVE April 1, 2005**

### **Phase I PDL Changes**

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next six (6) therapeutic categories impacted by this revision of the preferred drug list. *All current quantity level limitations apply.*

<b>Dihydropyridine Calcium Channel Blockers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	All generic products, all dosage formulations	Branded versions of generically available products
	Dynacirc/Dynacirc CR	Cardene SR
	Norvasc	
	Plendil	
	Sular	
	Afeditab CR	
	Nifediac CC	
	Nifedical XL	
<b>Proton Pump Inhibitors</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Nexium	Protonix
	Prevacid (capsules and suspension)	Aciphex
		Omeprazole and Prilosec
		Zegerid
		Prevacid NapraPAC
		Prevacid SoluTab

<b>Statins &amp; Lipid Lowering Agents</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	All generic products	Branded versions of generically available products
	Zocor	Lipitor
	Vytorin	Pravachol
	Zetia	Pravigard PAC
	Altacor/Altoprev	Crestor
	Lescol/Lescol XL	Caduet
	Advicor	
<b>Nasal Steroids</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	All generic products	Branded versions of generically available products
	Flonase	Beconase/Beconase AQ
	Nasonex	Nasacort/Nasacort AQ
	Rhinocort/Rhinocort Aqua	Nasalide
		Nasarel
		Vancenase/Vancenase AQ
<b>COPD Anticholinergics</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Atrovent	Spiriva*
	Duoneb	
	Combivent	
		<i>* Spiriva requires previous therapy with a preferred product.</i>
<b>Beta Adrenergics</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Albuterol	Xopenex*
	Metaproterenol	
	Accuneb	
		<i>* Xopenex will not require PA for patients <math>\leq 8</math> years of age. All other patients must use a preferred product.</i>

**Grace Period** – For certain classes, a grace period will be granted before the PA requirement is implemented. The grace period is listed in the table below for each of the Phase I classes where applicable.

Phase I Classes	Grace Period Starts	Grace Period Duration (days)	Prior Authorization Required Effective	Grandfather (Y/N)
Dihydropyridine CCBs	NA	NA	4/1/05	NA
PPIs	4/1/05	90	7/1/05	N
Statins and Lipid Lowering Agents	4/1/05	90	7/1/05	N*
Nasal Steroids	NA	NA	4/1/05	N
COPD Agents	NA	NA	4/1/05	Y
Beta Adrenergics	NA	NA	4/1/05	N

*\* Only current Lipitor 80mg users will be grandfathered*

During the grace period a non-preferred agent will adjudicate without requiring a non-preferred prior authorization for any Medicaid member who has a claim history for that non-preferred agent along with a message to indicate that a PA will be required upon expiration of the grace period. Georgia Medicaid asks for your support in converting affected patients to an alternative preferred product where appropriate. If the preferred agent is not appropriate for a specific patient, the prescriber may contact Express Scripts at 1-877-650-9340 proactively and request a prior authorization.

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.